

Basic Life Support (BLS) Evaluator Application



Name:

Last, First, MI

Signature:

Mailing Address:

Street Address, City, State, Zip

EMS Registry Number:

Work Phone:

Home Phone:

Agency Affiliation:

Agency Code:

BLS Evaluator Workshop

Location:

Date:

Workshop Coordinator:

Approval Signatures

County Medical Program Director (MPD)

Date

Education, Training and Regional Support Section

Date

BLS Evaluator Requirements

You Must:

- A. Be a currently certified BLS or ALS provider who has completed at least one certification cycle (3 years) (*attach copy of card*)
- B. Complete an Evaluator's Workshop, specific to the evaluation of EMT-Basic and First Responder practical skills
- C. Be approved by your County MPD and the ETRS Section of the Office of Emergency Medical and Trauma Prevention

Obtain Medical Program Director Signature, and Mail To:

Office of Emergency Medical and Trauma Prevention
Education, Training and Regional Support Section
PO Box 47853
Olympia, WA 98504-7853
Questions? Call (360) 705-6721 or toll free at (800) 458-5281, Ext. 2